

EVA395541483

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

16523 U.S.PTO  
121503

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |  |
|------------------------|--|
| Attorney Docket No.    | MS1-1694US   |
| First Inventor         | Xu   |
| Title                  | Enhancement Layer Transcoding of Fine-Granular Scalable Video Bitstreams |
| Express Mail Label No. |  |

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages 35]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [ Total Sheets 6 ]
5. Oath or Declaration [ Total Pages 2 ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Mail Stop Patent Application  
Commissioner for Patents/P.O. Box 1450  
Alexandria, VA 22313-1450

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement  Power of Attorney (when there is an assignee)
11.  English Translation Document (if applicable)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)
16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP)

of prior application No.: \_\_\_\_\_

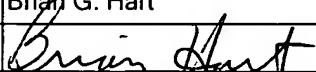
Prior application information: Examiner \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

|   |           |  |
|---|-----------|--|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 22801     | or <input type="checkbox"/> Correspondence address below |
| Name  |           |  |
| Address   |           |  |
| City  | State     | Zip Code   |
| Country   | Telephone | Fax  |

|                   |   |                                   |               |
|-------------------|---|-----------------------------------|---------------|
| Name (Print/Type) | Brian G. Hart   | Registration No. (Attorney/Agent) | 44,421        |
| Signature         |  |                                   | Date 12/15/03 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

17497 10/736955 U.S.PTO  
121503

121503

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |            |  |                    |  |             |  |                      |    |               |  |          |  |                     |            |
|---|------------|--|--------------------|--|-------------|--|----------------------|----|---------------|--|----------|--|---------------------|------------|
| <p>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</p> <p><b>FEE TRANSMITTAL</b><br/><b>for FY 2004</b></p> <p>Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$ 1,184.00)</p> |            | <p><b>Complete if Known</b></p> <table border="1"> <tr> <td>Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>First Named Inventor</td> <td>Xu</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>MS1-1694US</td> </tr> </table> | Application Number |  | Filing Date |  | First Named Inventor | Xu | Examiner Name |  | Art Unit |  | Attorney Docket No. | MS1-1694US |
| Application Number  |            |  |                    |  |             |  |                      |    |               |  |          |  |                     |            |
| Filing Date   |            |  |                    |  |             |  |                      |    |               |  |          |  |                     |            |
| First Named Inventor  | Xu         |  |                    |  |             |  |                      |    |               |  |          |  |                     |            |
| Examiner Name   |            |  |                    |  |             |  |                      |    |               |  |          |  |                     |            |
| Art Unit  |            |  |                    |  |             |  |                      |    |               |  |          |  |                     |            |
| Attorney Docket No.   | MS1-1694US |  |                    |  |             |  |                      |    |               |  |          |  |                     |            |

| METHOD OF PAYMENT (check all that apply)   |                                      |                                      |                                |  | FEE CALCULATION (continued)    |             |  |  |  |
|--|--------------------------------------|--------------------------------------|--------------------------------|--|--------------------------------|-------------|--|--|--|
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Other | <input type="checkbox"/> None                              | 3. ADDITIONAL FEES             |             |  |  |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 12-0769<br>Deposit Account Name: Lee & Hayes, PLLC   |                                      |                                      |                                |  | Large Entity      Small Entity |             |  |  |  |
| The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. |                                      |                                      |                                |  | Fee Description      Fee Paid  |             |  |  |  |
| FEE CALCULATION  |                                      |                                      |                                |  |                                |             |  |  |  |
| 1. BASIC FILING FEE  |                                      |                                      |                                |  |                                |             |  |  |  |
| Large Entity   |                                      | Small Entity                         |                                | Fee Description  |                                | Fee Paid    |  |  |  |
| Fee Code (\$)  | Fee Code (\$)                        | Fee Code (\$)                        | Fee Code (\$)                  |  |                                |             |  |  |  |
| 1001   | 770                                  | 2001                                 | 385                            | Utility filing fee   |                                | 770         |  |  |  |
| 1002   | 340                                  | 2002                                 | 170                            | Design filing fee  |                                |             |  |  |  |
| 1003   | 530                                  | 2003                                 | 265                            | Plant filing fee   |                                |             |  |  |  |
| 1004   | 770                                  | 2004                                 | 385                            | Reissue filing fee   |                                |             |  |  |  |
| 1005   | 160                                  | 2005                                 | 80                             | Provisional filing fee                                     |                                |             |  |  |  |
|  |                                      |                                      |                                | SUBTOTAL (1)   |                                | (\$ 770.00) |  |  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  |                                      |                                      |                                |  |                                |             |  |  |  |
| Fee from<br>Extra Claims      below  |                                      |                                      |                                |  | Fee Paid                       |             |  |  |  |
| Total Claims   | 36                                   | -20** =                              | 16                             | X 18   | = 288                          |             |  |  |  |
| Independent Claims   | 4                                    | -3** =                               | 1                              | X  | = 86                           |             |  |  |  |
| Multiple Dependent   |                                      |                                      |                                |  |                                |             |  |  |  |
| Large Entity      Small Entity   |                                      |                                      |                                |  |                                |             |  |  |  |
| Large Entity   |                                      | Small Entity                         |                                | Fee Description  |                                |             |  |  |  |
| Fee Code (\$)  | Fee Code (\$)                        | Fee Code (\$)                        | Fee Code (\$)                  |  |                                |             |  |  |  |
| 1202   | 18                                   | 2202                                 | 9                              | Claims in excess of 20                                     |                                |             |  |  |  |
| 1201   | 86                                   | 2201                                 | 43                             | Independent claims in excess of 3                          |                                |             |  |  |  |
| 1203   | 290                                  | 2203                                 | 145                            | Multiple dependent claim, if not paid                      |                                |             |  |  |  |
| 1204   | 86                                   | 2204                                 | 43                             | ** Reissue independent claims over original patent         |                                |             |  |  |  |
| 1205   | 18                                   | 2205                                 | 9                              | ** Reissue claims in excess of 20 and over original patent |                                |             |  |  |  |
|  |                                      |                                      |                                | SUBTOTAL (2)   |                                | (\$ 374.00) |  |  |  |
| Other fee (specify) _____  |                                      |                                      |                                |  |                                |             |  |  |  |
| *Reduced by Basic Filing Fee Paid  |                                      |                                      |                                |  |                                |             |  |  |  |
| SUBTOTAL (3) (\$ 40.00)  |                                      |                                      |                                |  |                                |             |  |  |  |

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES, OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.